

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

**CERTIFICATION OF A SEASONAL SYSTEM START-UP PROCEDURE FORM**  
**Instructions**

**Background**

The Revised Total Coliform Rule (RTCR) requires seasonal public water systems to complete a start-up procedure prior to serving water to the public at the beginning of each operating season. A seasonal system is defined as a non-community water system that is not operated as a public water system on a year-round basis and starts up at the beginning and shuts down by depressurizing and dewatering all or a portion of its distribution system at the end of each operating season.

The start-up procedure shall include, but not be limited to the following elements:

- Physical inspection of all sources of supply, pump houses, storage tanks, and completion of necessary repairs;
- Cleaning and disinfection of all storage facilities, including all chlorine contact chambers and storage tanks;
- Shock disinfection of all ground water sources and the distribution system;
- Flushing of the distribution system;
- Sampling and testing of the water for total coliform bacteria and nitrate and nitrite prior to serving the public.

The Department of Public Health Drinking Water Section (DWS) has developed guidelines to assist seasonal systems with the development of a start-up procedure that meets these requirements. The guidelines provide detailed information on the minimum elements that are required in a seasonal system's start-up procedure and on how to conduct an inspection of a seasonal water system. The guidelines are available on the DWS website at: <http://www.ct.gov/dph/publicdrinkingwater>.

**Reporting Requirements**

After completing the start-up procedure at the beginning of each operating season, each seasonal system must submit a completed and signed Certification of a Seasonal System Start-up Procedure form to the DWS. The certification form is also available at the DWS website listed above. **The system shall not serve water to the public until the start-up procedure has been completed and the certification has been filed with the Department.**

**Instructions to Complete the Certification Form**

**Section 1: Public Water System Information**

*Public Water System ID:* Provide the Public Water System (PWS) ID assigned to the system.

*Public Water System Name:* Provide the name of the PWS.

*Date:* Provide the date that the start-up procedure was completed.

*Primary Town/City:* Provide the town/city where the PWS is located.

*PWS Classification:* Provide the classification of the PWS.

NTNC = Non-Transient Non-Community;

TNC = Transient Non-Community

*Anticipated Start-Up Date:* Provide the date the system intends to open for the season.

*Annual Operating Period:* Provide the typical annual seasonal opening and closing dates.

### Section 2: Start-up Procedures

Check each box to confirm that the required element was included and performed in the seasonal system's start-up procedure.

### Section 3: Performance of Sampling and Testing

As part of the start-up procedure, seasonal systems shall test the drinking water for total coliform bacteria, nitrate and nitrite at a minimum. **The system shall not serve water to the public until all microbiological samples are total coliform-negative and the results for nitrate and nitrite are not exceeding the maximum contaminant levels of 10 mg/L and 1 mg/L, respectively.**

#### Distribution System

Sample Date: Provide the date the sample was collected.

Sampling Point ID: Provide the sampling point ID number.

Total Coliform: Provide the results of the total coliform testing. P = Present; A = Absent

Color: Provide the results of the color testing in Color Units (cu).

Odor: Provide the results of the odor testing in Threshold Odor Number (ton).

Turbidity: Provide the results of the turbidity testing in Nephelometric Turbidity Unit (NTU).

pH: Provide the results of the pH testing in standard pH units.

#### Nitrate and Nitrite Entry Point Monitoring

Sample Date: Provide the date the sample was collected.

WSF Name: Water System Facility Name (as noted on the Water Quality Monitoring Schedule).

WSF ID: Water System Facility ID (as noted on the Water Quality Monitoring Schedule).

Nitrate: Provide the results of the nitrate testing in milligrams per liter (mg/L).

Nitrite: Provide the results of the nitrite testing in milligrams per liter (mg/L).

The sample results may be used to satisfy routine compliance monitoring requirements if the samples are collected from sampling points identified in the system's sampling plan during the appropriate monitoring periods. For this reason, the DWS recommends that testing for physical parameters be completed during the start-up procedure. All sample results recorded on the certification form must be reported to the Department electronically to be accepted for routine compliance monitoring requirements.

### Section 4: Contact Information

This section contains the contact information for the person that owns or controls the seasonal system. This contact must be the current property owner and/or legal contact and will receive all correspondence related to the project. Failure to provide complete and accurate contact information may result in delays during review.

### Section 5: Certification

Read the certification statement provided and sign and date in the spaces provided. Signatures must be that of the property owner or legal contact for the water system. Print your name in the space provided below 'signature'.

**The system shall not serve water to the public until the start-up procedure has been completed and the certification has been filed with the Department. Please submit completed forms:**

[DWDCCompliance@ct.gov](mailto:DWDCCompliance@ct.gov)

or

Department of Public Health  
Drinking Water Section  
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P.O. Box 340308  
Hartford, CT 06134-0308